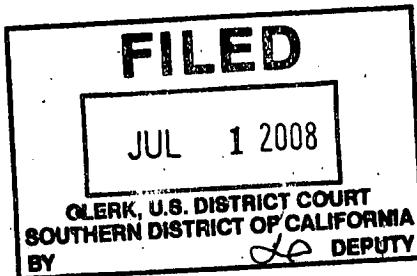


Brian T. Hill  
 PLAINTIFF/PETITIONER/MOVANT'S NAME  
1167149  
 PRISON NUMBER

corcoran It's SATE  
 PLACE OF CONFINEMENT  
P.O. Box 5246  
corcoran, CA 93212  
 ADDRESS



United States District Court  
 Southern District Of California

'08 CV 1180 JM (WHO)

Civil No.

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

Brian T. Hill  
 Plaintiff/Petitioner/Movant  
 v.  
Larry E. Scribner  
 Defendant/Respondent

MOTION AND DECLARATION UNDER  
 PENALTY OF PERJURY IN SUPPORT  
 OF MOTION TO PROCEED IN FORMA  
PAUPERIS

I, Brian T. Hill, declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated?  Yes  No (If "No" go to question 2)

If "Yes," state the place of your incarceration corcoran It's SATE

Are you employed at the institution?  Yes  No

Do you receive any payment from the institution?  Yes  No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

2. Are you currently employed?  Yes  No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer. \$70.00; pay period Sun-

day - Thursday 1:30 p.m. to 5:15  
and 5:30 p.m. to 8; Ken Clark was  
den P.O. Box 7100, Corcoran, CA. 93212

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. In the past twelve months have you received any money from any of the following sources?:

- a. Business, profession or other self-employment  Yes  No
- b. Rent payments, royalties interest or dividends  Yes  No
- c. Pensions, annuities or life insurance  Yes  No
- d. Disability or workers compensation  Yes  No
- e. Social Security, disability or other welfare  Yes  No
- f. Gifts or inheritances  Yes  No
- f. Spousal or child support  Yes  No
- g. Any other sources  Yes  No

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Do you have any checking account(s)?  Yes  No

a. Name(s) and address(es) of bank(s): \_\_\_\_\_

b. Present balance in account(s): \_\_\_\_\_

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts?  Yes  No

a. Name(s) and address(es) of bank(s): \_\_\_\_\_

b. Present balance in account(s): \_\_\_\_\_

6. Do you own an automobile or other motor vehicle?  Yes  No

a. Make: \_\_\_\_\_ Year: \_\_\_\_\_ Model: \_\_\_\_\_

b. Is it financed?  Yes  No

c. If so, what is the amount owed? \_\_\_\_\_

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?

Yes  No

If "Yes" describe the property and state its value.

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8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. N/A

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9. List any other debts (current obligations, indicating amounts owed and to whom they are payable): Federal  
-24 Filing Fees, Southern and  
central District courts

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10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]): None

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12. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses. State  
and federal Funding for California  
State prisoners; Prison officials  
are Denying me these Rights

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

June 25th 08

DATE

PJ - H

SIGNATURE OF APPLICANT

If you are a prisoner you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

**PRISON CERTIFICATE**  
 (Incarcerated applicants only)  
 (To be completed by the institution of incarceration)

I certify that the applicant Brian T. Hill  
 (NAME OF INMATE)

H67149  
 (INMATE'S CDC NUMBER)

has the sum of \$ \_\_\_\_\_ on account to his/her credit at \_\_\_\_\_

Corcoran State Prison IS SAT.  
 (NAME OF INSTITUTION)

I further certify that the applicant has the following securities \_\_\_\_\_

to his/her credit according to the records of the aforementioned institution. I further certify that during the past six months the applicant's *average monthly balance* was \$ 20.45

and the *average monthly deposits* to the applicant's account was \$ 32.20

**ALL PRISONERS MUST ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2).**

JUN 23 2008

\_\_\_\_\_  
 DATE

Monica Jordan

SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

Monica Jordan

OFFICER'S FULL NAME (PRINTED)

Account Clerk/H

OFFICER'S TITLE/RANK

**TRUST ACCOUNT WITHDRAWAL AUTHORIZATION**  
(Incarcerated applicants only)

(This form **MUST** be completed by the prisoner requesting to proceed in forma pauperis. An incomplete "Trust Account Withdrawal Authorization Form," or "Prison Certificate" will result in automatic denial of the prisoner's request to proceed in forma pauperis.)

I, Brian T. Hill 46149 request and authorize the agency holding me in  
(Name of Prisoner/ CDC No.) custody to prepare for the Clerk of the United States District Court for the Southern District of California, a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent) activity at the institution where I am incarcerated.

I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust fund account (or institutional equivalent) pursuant to any future orders issued by the Court relating to this civil action pursuant to the Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, Title VIII, §§ 801-10, 110 Stat. 1321 (1996).

This authorization is furnished in connection with a civil action filed in the Southern District of California, and I understand that, pursuant to 28 U.S.C. §§ 1914 and 1915(b)(1), the total amount of filing fees for which I am obligated is either  \$150 (civil complaint) or  \$5 (habeas corpus petition) (check one). I also understand that this fee will be debited from my account regardless of the outcome of this action. This authorization shall apply to any other agency into whose custody I may be transferred.

June 25th, 08

DATE

B. Hill

SIGNATURE OF PRISONER

CALIFORNIA DEPARTMENT OF CORRECTIONS SATF/SP AT CORCORAN INMATE TRUST ACCOUNTING SYSTEM INMATE TRUST ACCOUNT STATEMENT						
FOR THE PERIOD: DEC. 01, 2007 THRU JUN. 23, 2008						
ACCOUNT NUMBER : H67149      ACCOUNT NAME : HILL, BRIAN TERRELL PRIVILEGE GROUP: A						
TRANSACTION DATE						
DATE	CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS
12/01/2007		BEGINNING BALANCE			0.00	
12/05 0554	INMATE PAYROL	3057/11-07		12.38		12.38
12/05 W215	FEDERAL FILIN	3075/6808A			2.06	10.32
12/05 W215	FEDERAL FILIN	3075/6808			2.06	8.26
12/05 W215	FEDERAL FILIN	3075/5012			2.06	6.20
12/05 W215	FEDERAL FILIN	3075/5012A			2.06	4.14
12/05 W213	FEDERAL FILIN	3078/5839A			2.06	2.08
12/05 W213	FEDERAL FILIN	3078/0031			2.08	0.00
12/05 W512	LEGAL POSTAGE	3071/LPOST			2.00	2.00
12/05 W919	REVERSE LEGAL	3079/3071			2.66	2.66
	ACTIVITY FOR 2008				2.66-	0.00
02/07 0554	INMATE PAYROL	4021/DEC07		6.82		6.82
02/07 0554	INMATE PAYROL	4022/01-08		31.63		38.45
02/07 W215	FEDERAL FILIN	4035/6808A			1.36	37.09
02/07 W215	FEDERAL FILIN	4035/6808A			6.33	30.76
02/07 W215	FEDERAL FILIN	4035/6808A			1.36	29.40
02/07 W215	FEDERAL FILIN	4035/6808			6.33	23.07
02/07 W215	FEDERAL FILIN	4035/5012			1.36	21.71
02/07 W215	FEDERAL FILIN	4035/5012			6.33	15.38
02/07 W215	FEDERAL FILIN	4035/5012			1.36	14.02
02/07 W215	FEDERAL FILIN	4035/5012			6.33	7.69
02/15 W512	LEGAL POSTAGE	4198-LPOST			2.49	5.20
02/15 W512	LEGAL POSTAGE	4198-LPOST			2.32	2.88
02/26 W512	LEGAL POSTAGE	4363-LPOST			2.15	0.73
03/05 D554	INMATE PAYROL	4470/02-08		30.03		30.76
03/05 W215	FEDERAL FILIN	4498/6808			6.01	24.75
03/05 W215	FEDERAL FILIN	4498/6808A			6.01	18.74
03/05 W215	FEDERAL FILIN	4498/5012			6.01	12.73
03/05 W215	FEDERAL FILIN	4498/5012A			6.01	6.72
03/10 FC03	DRAW-FAC 3	4574/FAC C			6.72	0.00
04/07 D554	INMATE PAYROL	4963/03-08		29.69		29.69
04/07 W215	FEDERAL FILIN	4984/6808			4.95	24.74
04/07 W215	FEDERAL FILIN	4984/6808A			4.95	19.79
04/07 W215	FEDERAL FILIN	4984/5012			4.95	14.84
04/07 W215	FEDERAL FILIN	4984/5012A			4.95	9.89
04/07 W213	FEDERAL FILIN	4986/0012			4.95	4.94
04/07 W213	FEDERAL FILIN	4986/0012A			4.94	0.00
05/06 D554	INMATE PAYROL	5496/04-08			43.07	43.07
05/06 W215	FEDERAL FILIN	5516/5012			7.18	35.89
05/06 W215	FEDERAL FILIN	5516/6808			7.18	28.71
05/06 W215	FEDERAL FILIN	5516/6808			7.18	21.53
05/06 W215	FEDERAL FILIN	5516/5012			7.18	14.35
05/06 W213	FEDERAL FILIN	5521/5839			7.17	7.18

REPORT ID: TS3030 .701

REPORT DATE: 06/23/08  
PAGE NO: 2SATF/SP AT CORCORAN  
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: DEC. 01, 2007 THRU JUN. 23, 2008

ACCT: H67149 ACCT NAME: HILL, BRIAN TERRELL

ACCT TYPE: I

DATE	TRAN CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
05/06	W213	FEDERAL FILIN	5521/0031			7.18	0.00
06/05	D554	INMATE PAYROL	6023/05-08				39.59
06/05	W215	FEDERAL FILIN	6054/6808A			6.60	32.99
06/05	W215	FEDERAL FILIN	6054/6808A			6.60	26.39
06/05	W215	FEDERAL FILIN	6054/5012A			6.60	19.79
06/05	W215	FEDERAL FILIN	6054/5012			6.60	13.19
06/05	W213	FEDERAL FILIN	6056/0012A			6.59	6.60
06/05	W213	FEDERAL FILIN	6056/0012			6.60	0.00

## CURRENT HOLDS IN EFFECT

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
06/20/2008	H114	COPAY FEE, MED.	6333/15446	5.00

## TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	193.21	193.21	0.00	5.00	0.00

## CURRENT AVAILABLE BALANCE

5.00
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THE WITHIN INSTRUMENT IS A CORRECT  
COPY OF THE TRUST ACCOUNT MAINTAINED  
BY THIS OFFICE.  
ATTEST:  
JUN 23 2008  
CALIFORNIA DEPARTMENT OF CORRECTIONS  
BY: *[Signature]*  
TRUST OFFICE

